



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Water Supply Administration - Bureau of Safe Drinking Water
401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426
Physical Connection Permit - Renewal Application Form

Applicant/Owner _____

Permanent Legal Address _____

City/Town _____ State _____ Zip Code _____

Telephone () _____ Fax Number () _____ e-mail _____

Contact Person Name _____ Title _____

Signature _____ Date _____

Name of Public Water System _____

Name of Local Administrative Authority _____

Location of Facility _____

Name of Facility, if applicable _____

Address (Street/Road) _____

Municipality _____ County _____

Number, Type(s), Size(s) and Location(s) of Backflow Preventer Valve(s) Permitted:

Records of Quarterly Testing and Annual Internal Inspection:

Witnessed By or Performed on: (Enter Date - Indicate Result – Comment Below)

Pressure Tests:	Supplier of Water	Local Authority Health or Plumbing Inspector	Certified Tester	
1st Quarter 4/1 – 6/31	____/____/____ <input type="checkbox"/> OK	____/____/____ <input type="checkbox"/> OK	____/____/____ <input type="checkbox"/> OK	Double Check Valve *Internal Inspection
2nd Quarter 7/1 – 9/30	____/____/____ <input type="checkbox"/> OK	____/____/____ <input type="checkbox"/> OK	____/____/____ <input type="checkbox"/> OK	
3rd Quarter 10/1 – 12/31	____/____/____ <input type="checkbox"/> OK	____/____/____ <input type="checkbox"/> OK	____/____/____ <input type="checkbox"/> OK	
4th Quarter 1/1 – 3/31	____/____/____ <input type="checkbox"/> OK	____/____/____ <input type="checkbox"/> OK	____/____/____ <input type="checkbox"/> OK	

- The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)4.

1. Certifications by Supplier of Water:

On ___/___/___ The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of the Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.

Name of the Supplier of Water _____

Name _____

Title _____

Signature _____

2. Certification by Local Administrative Authority:

On ___/___/___ The Local Administrative Authority for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.

Name of Local Administrative Authority _____

Name _____

Title _____

Signature _____

3. Certification by the Certified Tester:

On ___/___/___ I Hereby Certify that: The Backflow Prevention Device(s) listed on the reverse side for this form were functioning satisfactorily at the time of the test.

Name of Firm _____

Address _____

Testers Name(s) _____

Testers School _____

Certified Testers No. _____ Testers Signature _____

Instructions: This Form **BSDW-PCR-076** is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The **Quarterly Physical Connection Test and Maintenance Report** forms **BSDW-QPCTMR**, for each test of each approved valve, the **Annual Physical Connection Fee Invoice** and **\$200.00 Fee**.

 Duplex Form do not reproduce on separate pages

BSDW-PCR-076